



New Hampshire Department of Health and Human Services
**SECONDHAND SMOKE
COMPLAINT FORM**

Your Name: _____ Telephone No.: _____

Your Address: _____
Street City/Town Zip

Complaint is being lodged against: _____
Name of Facility

Address: _____
Street City/Town Zip

Telephone No. of Facility: () _____ Type of Facility: _____

Name of Person in Charge: _____ Title: _____

Please explain the nature of your complaint: _____

Duration of situation: _____

Date the complaint was originally registered with the person in charge: _____
mm / dd / yy

How did the person receiving the complaint first respond to you? _____

Confidentiality is protected by State law. Your name will not be given out unless you give the Department of Health and Human Services specific written approval. Do you want your name disclosed? () Yes () No

Signature of complainant: _____
(Your complaint must be signed and dated in order to be formally investigated) mm / dd / yy

For more information, please call the Department of Human Services, Division of Public Health Services, Tobacco Prevention and Control Program at 800-852-3345, Ext. 6891 of 603-271-6891

Please return this completed form to the: Tobacco Prevention and Control Program
29 Hazen Drive
Concord, NH 03301-6504
Or by fax to: 603-271-5318